

**Abstract 403**

**TITLE:** Oral Fluid Testing\*: Breaking Down Barriers to Testing

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**BACKGROUND/OBJECTIVES:** The state of Maryland sought to increase access and utilization of HIV testing and counseling services (CTS) with an oral fluid test demonstration project in 1997-98. A number of clients who agreed to oral testing indicated that they would not have been tested if the oral option was unavailable (blood-test avoiders). This population was compared to other testers (who indicated that they would have tested even without the oral option) to characterize differences and similarities.

**METHODS:** Participants in the oral fluid testing demonstration project completed a client survey assessing responses to the test (n = 1432). Of these clients, 302 (21.1%) agreed or strongly agreed that they would not have been tested if the oral option had not been available. These blood-test avoiders (BTAs) were compared to others who completed the test on the basis of seropositivity, previous testing, demographic characteristics, and risk factors.

**RESULTS:** The BTAs did not differ in seropositivity from others who received the oral test (1.7% vs. 1.8%). Only 49.6% of BTAs, vs. 69.6% of other testers, had been tested previously. For most risk factors, there was no difference between BTAs and other testers. However, male BTAs were less likely than other male testers to report injecting drug use (p = .045), sex with an IDU (p = .033), or sex while high or drunk (p = .002). Female BTAs were less likely than other female testers to report sex with a person with "other" AIDS risk (p = .018) or being a victim of sexual assault (p = .032), and more likely to report "no acknowledged risk" (p = .006). Comparison of demographic characteristics revealed that males were more likely than females to be either BTAs or uncertain about whether they would have tested without the oral option (41.1% vs. 33.5%). African Americans appeared more likely than Caucasians to be either BTAs or uncertain about testing without the oral option (41.9% vs. 33.3%). Clients aged 20-29 had the lowest proportion of BTAs (17.3%).

**CONCLUSION:** Although some risk factors are less characteristic of BTAs than other testers, the two groups do not differ in seropositivity. To the extent that BTAs, or those uncertain about testing, are also more likely to be male or African American, oral testing helps increase testing in groups that are disproportionately affected by HIV in Maryland. Oral testing appears to be a viable option for reaching at-risk individuals who otherwise would have refused or avoided testing, and identifying seropositive individuals who may otherwise not have been tested.

\*The oral fluid test used in this research was OraSure®.

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